

EXHIBIT C
Affidavit of Anthony Clark

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

JOE MITCHELL DORSEY,)
)
Plaintiff,)
)
v.) CIVIL ACTION NO.: 2:05-CV-1239-F
)
MUNICIPAL COURT OF ANDALUSIA,)
et al.,)
)
Defendants.)

AFFIDAVIT OF ANTHONY CLARK

STATE OF ALABAMA)
)
COUNTY OF COVINGTON)

1. My name is Anthony Clark. I am over the age of nineteen and am competent to execute this affidavit, which is based on my personal knowledge, training and experience.

2. I am the duly-elected Sheriff of Covington County, Alabama and was the duly-elected Sheriff of Covington County at all times relevant to Plaintiff's Complaint.

3. I have reviewed the Plaintiff's Complaint filed in this matter. I have no personal knowledge of any of the facts stated in the Complaint. I did not become aware of the allegations made the basis of the Plaintiff's Complaint until I was served with it.

4. It is the policy of the Covington County Sheriff's Department that members of the jail staff receive and answer inmate grievances. Forms on which grievances may be related to the jail staff are readily available in the jail. Inmates are furnished these forms at any time they request one. An exception exists for requests of an emergency nature, which may be made

orally. Members of the jail staff are charged with responding to such grievances. Copies of all completed grievances and request forms are placed in an inmate's jail file.

5. Inmates are made aware of the grievance procedure.

6. To not provide an inmate with a grievance form or address a grievance would be a violation of the policy of this jail.

7. To my knowledge, the Plaintiff has not filed a grievance with respect to any of the allegations in his lawsuit.

8. I am not personally involved in the day-to-day operations of the jail. I have delegated that power and authority to the Jail Administrator.

9. The Covington County Commission has contracted with Southern Health Partners, Inc. ("SHP") to provide all health care related services to the inmates at the Covington County Jail. SHP provides a doctor and at least one nurse which are available for inmate needs 24 hours a day, seven days a week. In particular, SHP staff recommend and perform inmate physical and mental health evaluations and treatments, and initiate and/or confirm health-related appointments with outside health-care providers as needed. The responsibility of jail personnel with regards to health-related appointments outside the jail is limited to transporting the inmates to any such appointments upon the instruction of SHP staff.

10. Neither I nor any Covington County Jail personnel have any control, authority or responsibility for the provision of health care to jail inmates; we are required to rely on the training and expertise of SHP for such services. However, in emergency situations, jail personnel are authorized to contact the SHP nurse or doctor and/or call for an ambulance and emergency medical assistance.

11. Southern Health Partners staff maintain, control, secure and dispense all medications. Covington County Jail personnel do not have access to patient medications, and have no control, authority or responsibility for the dispensing of medications to inmates.

12. The Covington County Sheriff's Department is not responsible for the maintenance of the physical plant of the Covington County Jail. The Covington County Commission is charged with the responsibility of maintaining the physical jail facilities. When a condition arises within the jail that requires maintenance, the jail staff makes that condition known to the County maintenance staff, along with a request for repair.

13. I certify and state that the documents provided to the Court which are attached to the Defendants' Special Report are true and correct copies of the Plaintiff's inmate records, kept at the Covington County Jail in the regular course of business.

14. I affirm, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements were made by drawing from my personal knowledge of the situation.

Anthony Clark
Anthony Clark

SWORN TO and SUBSCRIBED before me this 21 day of February, 2006.

Dellie Cook
NOTARY PUBLIC
My Commission Expires: 3/2/09